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Draft country programme document**

Philippines

Summary

The Executive Director presents the draft country programme document for the Philippines for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $2,198,000 from regular resources, subject to the availability of funds, and $5,000,000 in other resources, subject to the availability of specific-purpose contributions, for 2004.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (latest available year)	
Child population (millions, under 18 years)	43.7
U5MR (per 1,000 live births)	38
Underweight (%, moderate and severe)	31
Maternal mortality ratio (per 100,000 live births) (1990-1995)	170
Primary school attendance (% net, male/female) (2000)	80/83
Primary school children reaching grade 5 (%) (2000)	89
Use of improved drinking water sources (%) (2000)	86
Adult HIV prevalence rate (%, 15-49 years) (2000)	<0.1
Child work (%, 5-14 years) (2000)	21
GNI per capita (US$)	*
One-year-olds immunized against DPT3 (%)	70
One-year-olds immunized against measles (%)	75

* Estimated as lower-middle income, with a range of $746 to $2,975.

The situation of children and women

1. The Government of the Philippines is strongly committed to making the Convention on the Rights of the Child a reality for Filipino children. The environment is conducive despite a recent economic slowdown, change in Government, and high priority assigned to fighting terrorism and addressing peace and order. Several laws for children were passed, including the Early Childhood Care and Development (ECCD) Act (2000) and several procedural rules aimed at making the justice system child-sensitive. The elementary and secondary education curricula were restructured in 2001, accompanied by reforms in testing and assessment. Policy frameworks and guidelines on safe motherhood, and child health and nutrition have been approved. The "Say Yes" campaign launched by the President in 2001 significantly raised awareness of children's issues and facilitated wide media coverage of the United Nations General Assembly Special Session on Children. As follow-up, the youth delegates to the Special Session presented the main issues at a national media forum, and the Government undertook a study to harmonize the Philippine National Strategic Framework for Plan Development for Children 2000-2025 (Child 21) with the Millennium Development Goals and the goals of the Special Session on Children as contained in the outcome document, "A World Fit for Children".

2. Infant and child mortality rates have dropped consistently, however, any decline in under-five protein-energy malnutrition (PEM) and maternal mortality has been marginal. The Philippines was declared polio-free in 2000, but immunization levels fell in recent years due to erratic vaccine supplies. However, the situation should improve as the Government recently procured vaccines through UNICEF. While the elementary school enrolment rate has improved slightly, the percentage of children completing grade 6 remains low (according to government data, 67 per cent of children who enrol in grade 1 of primary school complete grade 6). There is

almost gender parity in enrolment, except in a few provinces in Mindanao where girls are at a disadvantage. School drop-outs are attributed largely to children seeking employment to supplement family income and to the unattractive school learning environment, including overcrowded of classrooms. The number of children in need of special protection, especially girls, remains high. Women and girls, particularly the young from poor families, unskilled and with low literacy, remain threatened by abuse and violence, including prostitution, trafficking and sexual abuse. Although the incidence and spread of HIV/AIDS has been "low and slow", there is growing recognition of the urgency for more intensive national action for prevention, as many high-risk behaviours known to drive the spread of infection are practised by large numbers of people at significant levels of frequency. Many young people face multiple vulnerabilities and risk situations that can be translated quickly to risk behaviours and HIV and sexually transmitted infections. Migrant workers are particularly vulnerable. The continued annual population growth of 2.3 per cent annually over the last decade presents serious developmental challenges, especially as economic growth is barely faster (3-4 per cent).

Key results and lessons learned from previous cooperation, 1999-2003

Key results achieved

3. The 2001 mid-term review (MTR) of the fifth Country Programme for Children revealed that the objectives of strengthening the capacity of 25 local government units (LGUs) to manage basic services and enhancing the civil society to support family efforts to raise, nurture and protect their children were largely on track. The successful modelling of an integrated approach for convergent service delivery at the LGU level has been scaled up within the project areas since 2002, and has stimulated an additional 33 provinces and cities to develop plans for children to be implemented using their own resources. LGUs were chosen originally based on a set of criteria, including low social development indicators spread across the country (13 out of 17 regions are covered), counterpart funding and other expressions of interest from the LGU. Effective advocacy prompted the formulation of policy frameworks on safe motherhood, adolescent and youth health and development, child health and development, and the passage of the ECCD Act.

4. During the fifth Country Programme for Children, several innovations were introduced into the Philippine justice system. The use of videotaping interviews of child abuse victims as evidence in court proceedings had been adopted, with 11 of the 12 child-friendly investigation studios currently fully operational. Videoconferencing equipment has been installed in eight family courts, and the Supreme Court has issued several child-friendly rules to make the justice system sensitive and appropriate to children, as they will no longer have to testify in open court and, therefore, are spared from the attendant trauma. The Supreme Court has sought other funding assistance for the installation of similar equipment in family courts nationwide. Curricula for training were developed and multisectoral courses were run for the "five pillars of justice" (judges, prosecutors, law enforcement officers, probation correction officers and community representatives) as a group.

5. UNICEF advocacy and support led to the national adoption of the International Reference Standard to assess the nutritional status of children, which was supported

by an International Reference Standard Manual and the integration of growth monitoring into ECCD growth and development monitoring card. A joint World Health Organization (WHO) and UNICEF initiative resulted in the nationwide expansion of the Integrated Management of Childhood Illness (IMCI) strategy through the training of IMCI facilitators and front-line workers, and the provision of equipment for IMCI training hospitals. Through its long-standing expanded programme on immunization (EPI), UNICEF contributed to national Polio Eradication Certification in 2000. In 2002, UNICEF provided 28.5 million doses of polio vaccine and supported social mobilization activities for a campaign to reduce the transmission of the vaccine-derived polio virus in the country. Coverage was 99 per cent or 11.7 million children under five years of age for the first round, and 100 per cent or 12.1 million children for the second round.

6. The child-friendly school system concept gained acceptance by the Department of Education following the piloting phase. An assessment of 30 per cent of 131 pilot schools revealed that from 1998 to 2000, retention rates increased from 79 to 93 per cent, and the achievement rate improved from 65 to 68 per cent. The student tracking system, a key element of the child-friendly school system, implemented initially in 12 schools, produced significant improvements in student participation and retention rates, in teacher-student relations, and in greater parent and community involvement. The effectiveness and simplicity of the system has prompted the Department of Education to replicate the approach in 50 per cent of public elementary schools nationwide, with UNICEF support in the provision of training modules and assistance in monitoring and follow-up. Funding for implementation of the system comes from within the Government.

7. Private sector fund-raising was very successful in the Philippines, raising the equivalent of over $500,000 per year during the last three years primarily from direct-mail contributions despite a dampened economic environment. This implies that a wide variety of people have heard of and support the ideals of UNICEF, representing a major achievement in advocacy as well as in fund-raising.

Lessons learned

8. Programme experience documented in the MTR has confirmed the view that the improved protection of children requires a multisectoral, multidimensional, integrated approach as adopted in 1999-2003. This is a departure from the earlier approach that categorized children in need. This integrated approach comprises preventive measures to reduce the growing numbers of children in need of special protection, complemented by the provision of rescue, recovery and reintegration services, and supported by appropriate social and legal policies, and protection systems. Experience also revealed that the protection of children requires effective surveillance and monitoring to record the incidence and nature of child abuse, exploitation and violence at the *barangay* (village) level. This means that all 41,944 *barangays* nationwide should have an active Barangay Council for the Protection of Children, whose members are equipped with know-how, skills and tools.

9. An evaluation study in two project areas showed that women, particularly in marginalized communities, who attended female caregiver functional literacy classes, not only enhanced their personal skills and self-confidence, but also improved health caring and seeking behaviours, and became active stakeholders in programme design and implementation. In another example, community volunteers

were empowered through training in enhanced child growth. They mobilized communities to establish, in hard to reach areas, some 2,200 health and nutrition posts to train mothers and provide growth monitoring services, micronutrient supplementation and management of minor illnesses. A rapid appraisal in two provinces and one city showed a strong correlation between mothers who attended at least 50 per cent of the sessions and the improved growth of their children.

10. The Philippines is one of the most emergency-prone countries in the region, facing both natural and man-made emergencies. While the programme has improved its capacity to respond to these emergencies and has better defined its role, it will be important to enhance emergency preparedness measures.

The country programme, 2004

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Communication	264	400	664
Local policy and institutional development	305	100	405
Health and nutrition	542	1 850	2 392
Education	524	1 100	1 624
Child protection	231	1 400	1 631
HIV/AIDS	50	150	200
Monitoring and evaluation	114	-	114
Cross-sectoral costs	168	-	168
Total	**2 198**	**5 000**	**7 198**

Preparation process

11. Based on the MTR recommendations, national and local government partners, in collaboration with UNICEF, developed strategic sector and local plans for children for 2002-2004, outlining strategic inputs by UNICEF to scale up interventions. A "Visioning" meeting, sponsored by the National Economic and Development Authority and the Council for the Welfare of Children, was held in November 2002. The meeting identified key areas for programming for children, including the need to address HIV/AIDS. As the new programme is a one-year extension to synchronize with programme cycles of other United Nations agencies and the Medium-Term Philippine Development Plan, new strategies have not been developed. The Common Country Assessment and United Nations Development Assistance Framework (UNDAF) processes are ongoing and will set the overall framework for the sixth Country Programme for Children, 2005-2009. The country programme document was formulated with and endorsed by the National Steering Committee of the fifth Country Programme for Children.

Goals, key results and strategies

12. The 2004 country programme will extend the progress made during 1999-2003 and address a key new issue, HIV/AIDS, which is the one area of the medium-term strategic plan (MTSP) not fully addressed in the fifth Country Programme for Children.

13. The overall objectives of the fifth Country Programme for Children have been retained. They are to support the Government to: (a) progressively implement the Convention on the Rights of the Child through strengthening the capacity of LGUs to manage basic services; and (b) enhance the full participation of civil society to support families to raise, nurture and protect their children. Government goals for children, to which the programme will contribute, include reducing the infant mortality rate (IMR), the under-five mortality rate (U5MR), the maternal mortality ratio (MMR) and malnutrition; improving the quality of education and increasing the cohort survival rate; and reducing the number of and addressing the issues of children in need of protection.

14. The programme will include three interrelated components: (a) communication; (b) local policy and institutional development; and (c) strategic programme interventions in health and nutrition, education, child protection and HIV/AIDS. All interventions will pay particular attention to gender equality. Higher priority will be given to HIV/AIDS to facilitate the development of a national strategy to help prevent the spread of the disease. This topic is addressed both in the HIV/AIDS programme itself as well as through interventions in sectoral programmes.

15. The programme will intensify the child-friendly movement through partnership-building at central and local levels. At the central level, it will inform national policies, while at the local level it will use an integrated approach to converge services to benefit children and women in 20 provinces and 5 cities out of the 79 provinces and 117 cities as the experiential basis for high-level advocacy. Good practices will be shared for replication in non-project provinces and cities. The 2002-2004 strategic plans of the 25 LGUs, which distilled lessons learned, will provide the basis for developing the 2004 project work plans. Motivated to increase local funding and build wider partnership with families and civil society, provincial and city chief executives will spearhead programme implementation, supported by the LGU management team. Empowering families and community members, and enlisting their participation, will be central to partnership-building with civil society. The programme will respond to emergencies as they occur, whether due to natural or man-made disasters.

16. Expected results include improved child health as an outcome of better service delivery and care practices; higher elementary school retention, accompanied by enhanced learning outcomes; greater national awareness and actions to prevent HIV/AIDS; and improved child protection through better preventive actions, rescue and recovery measures, and strengthened support systems.

Relation to national priorities and UNDAF

17. The goals, key results and strategies are in consonance with Child 21. The programme will complement and be supported by implementation of the ECCD Act;

the framework on safe motherhood, EPI, and child health and nutrition; reforms in the formal education curriculum, and passage of child-sensitive laws in accordance with international standards. The concurrent development of UNDAF is intended to pave the way for the sixth Country Programme for Children, 2005-2009. WHO and UNICEF collaborate in projects including immunization, IMCI and the application of guidelines on essential care practices for managing birth complications. The United Nations Educational, Scientific and Cultural Organization (UNESCO) is supporting the female functional literacy programme in Mindanao using modules developed in the previous UNICEF country programme. The International Labour Organization (ILO) works on addressing the worst forms of child labour (such as in agriculture, mining and deep-sea fishing), complementing the work in the UNICEF programme. Similarly, the programmes of other United Nations agencies complement the extended programme of the fifth Country Programme for Children, particularly the United Nations Development Programme on poverty alleviation, governance, and gender and development; the United Nations Population Fund (UNFPA) on reproductive health; and the Food and Agriculture Organization of the United Nations on nutrition.

Relationship to international priorities

18. The programme endorsed all the MTSP priorities, with a focus on early child care, child protection and immunization plus. As girls' enrolment is largely at par with boys', the thrust will be to enhance the quality of education and raise cohort survival rates, giving special attention to provinces in Mindanao where girls are at a disadvantage. Increased priority will be given to HIV/AIDS to raise greater awareness and stimulate urgent national action to prevent the spread of the disease.

19. The Government has espoused the Millennium Development Goals and "A World Fit for Children" frameworks. As a result, the programme will emphasize promoting the healthy lives of children and women, addressing malnutrition and child and maternal mortality, and promoting gender equality and women's empowerment.

Programme components

20. **Communication**. As the engine to promote the child-friendly movement nationally, the communication programme will continue to spread knowledge and information on child rights and needs, as well as share best practices by building strong and effective partnerships with the Government, policy makers, media, academia, non-governmental organizations (NGOs), the private sector, religious communities and civil society more generally. Policy advocacy, including advocacy to promote the passage of child-sensitive laws, will be pursued by promoting coordinated action among various stakeholders. Partners will be mobilized to support a common policy agenda for children and to develop a mutually agreed policy advocacy plan. To increase child participation, the programme will expand linkages with the Children Basic Sector of the National Anti-Poverty Commission and other coalitions for children. As access to high-quality media for children and on children is still limited, the programme will continue to train media practitioners and encourage the development of high-quality products, with the participation of children and youth. A relevant and effective HIV/AIDS communication strategy will

also be developed, and momentum towards the universal use of iodized salt will be maintained. Support will be provided to operate a National Knowledge Centre that serves as a repository of national and subnational databases on children using ChildInfo.

21. **Local policy and institutional development**. As the Government is highly decentralized, with authority for providing social services devolved to 79 provinces and 117 cities, the local policy and institutional development programme is designed to bring to other areas lessons learned from the substantive programme cooperation in the 25 project areas. It will continue partnerships with national and regional networks, including the regional development councils, the 11 leagues of LGUs and the local coalition of civil societies. The programme will establish systems, such as the Council for the Protection of Children at *barangay*, municipal and province levels, and support their effective operation. It will also promote the issuance of local regulations for children. As mentioned above, outside of the 25 project areas, 33 other provinces have prepared their local development and investment plans for children, 11 provinces and 18 cities have enacted children's regulations, and chief executives in 11 provinces and 4 cities have launched annual reports on the situation of children and women. In 2004, the programme will focus on pursuing the effective implementation of existing local plans for children using the Government's own resources, while encouraging additional LGUs to prepare plans for children. UNICEF resources will be used for advocacy and sharing of experiences. Annual reporting on children will be supported as this will place children at the centre of development and provide a good basis for monitoring progress.

22. **Health and nutrition**. This programme element focuses on maternal and child health and nutrition, the control of micronutrient deficiencies, and immunization. It will contribute to: reducing IMR, U5MR and MMR; reducing PEM and micronutrient deficiencies; and sustaining polio eradication status and surveillance, leading to global certification in 2005; measles elimination by 2008; and the elimination of maternal and neonatal tetanus by 2005. Efforts to improve health caring and seeking behaviour of families will be scaled up in the 25 project areas by expanding female caregiver functional literacy and enhanced child growth interventions. The quality of services will be improved through capacity-building of front-line workers on maternal and child care, and the provision of standard equipment and supplies. In collaboration with WHO, UNICEF will continue to support EPI disease reduction initiatives and work closely with the Department of Health to ensure the availability and adequacy of vaccines. UNICEF will provide technical assistance on policy development, quality assurance and standard setting at the national level, train service providers, and provide equipment and drugs. The programme will develop a plan of action to address child injuries, following an assessment of the situation that has been initiated in 2003. The programme will also continue to support advocacy, monitoring and reviews at national and LGU levels to influence programme implementation in provinces and cities outside the project areas. The key results expected will include 95 per cent coverage for vitamin A and fully immunized children under 12 months of age, 50 per cent of health facilities in project areas providing IMCI services, and the use of iodized salt by 80 per cent of the population nationwide. UNICEF regular resources will be used primarily for policy advocacy and development activities, and for the training of health service providers and trainers in the Department of Health.

23. **Education**. The education programme will continue to work with UNESCO to address the low quality of basic education and low cohort survival rate across the country, and girls' education in Mindanao. In support of the restructured basic education curriculum, UNICEF will provide the manuals on effective teaching and learning processes to all the 35,000 public elementary schools in the country, and continue to support teacher training in selected areas. The provision of manuals is one element to ensure effectiveness of the training, and training in schools will also be monitored by programme staff. To support the reforms and assessment testing recently adopted by the Department of Education, UNICEF will train trainers in one half of the country in diagnostic test analysis and response, and also train teachers to improve learning outcomes. In 2003, the student tracking system, an early warning system to identify potential drop-outs and school-leavers, will be introduced in 17,000 schools. A review of the implementation of the tracking system will be conducted in 2004 to determine the progress made in reducing overall drop-out rates. In six provinces and cities in Mindanao, UNICEF will support schools in assessing problems and identifying appropriate strategies, and work to eliminate factors that hinder girls' participation in education. UNICEF will also provide support to the hardest-to-reach children, and help to educate parents and communities in favour of girls' education. UNICEF will support the development of alternative learning systems for children who have been traditionally marginalized by the school system, such as street children.

24. With the anticipated completion by 2003 of ECCD national standards and policy guidelines on integrated curriculum, and with physical, material and human resource requirements in place, the provincial ECCD coordinating bodies in all 25 project areas will be trained on how to implement the guidelines. UNICEF will continue to support the training of all day-care workers, reaching some 8,000 in 2004, as well as the critical front-line workers on the contents of the refined ECCD modules and how to apply a tool developed to monitor behaviour of children based on the key child development milestones. As construction of new day-care centres is constrained by economic factors, thus depriving children 3-5 years old of the benefits of institutionalized ECCD interventions, access will be expanded through the broadcast of ECCD on-the-air programmes by the local radio network in all project areas.

25. UNICEF regular resources will be used primarily to help formulate national policies and guidelines, to develop national and subnational plans of action, and to train divisional staff to implement national policies in the provinces and cities.

26. **Child protection**. The child protection programme will address the problems of the worst forms of child labour; trafficking and commercial sexual exploitation; children in situations of armed conflict; children in conflict with the law; and children of indigenous peoples. The integrated strategy will be continued, combining preventive actions and early interventions; rescue, recovery and reintegration; and a comprehensive legal protection and justice system for children. About 10,000 children in need of special protection will be provided with education and vocational skills, and their parents will be trained in effective parenting skills. Children and young people at risk, particularly in the five project cities, will receive life skills training (including protection against HIV infection). The existing services for bio-psychosocial help and case management will be expanded through the training of field social workers and other caregivers. Alternative family care options for children without primary caregivers will be piloted in selected project

areas. It is anticipated that juvenile justice issues will be highlighted by the passage of a comprehensive law on juvenile justice and the adoption by family courts nationwide of videoconferencing technology. Networks and alliances for child protection will be expanded to involve more NGOs, civil society organizations, local religious communities and the private sector; and the local councils for the protection of children will be strengthened in 10,000 *barangays* in the project areas. In addition, child protection structures and systems, including mechanisms for surveillance and monitoring, will be linked more closely with regional subcommittees for the welfare of children and the national Council for the Welfare of Children for more effective action.

27. UNICEF regular resources will be used for building support systems such as the Barangay Councils for the Protection of Children, and networking and alliance-building. UNICEF will use regular resources and other resources to provide information and educational materials, equipment for investigation studios in the family courts, technical assistance on capacity-building of service providers and caregivers, establishment of support systems, and improvement of database and monitoring systems on child protection.

28. **HIV/AIDS**. Large numbers of people practise, significantly often, many of the risky behaviours that drive the spread of HIV infection, including: unprotected casual sex with multiple partners, including commercial sex; drug use, including injecting drug use; and, in some cases, transfusion of blood under unsafe conditions. There are also repeated and untreated infections of sexually transmitted diseases. However, statistics indicate a low incidence and slow spread of HIV/AIDS, contributing to the complacency over HIV/AIDS. As the small number of cases lowers emphasis on the treatment of and caring for AIDS sufferers and their children, this programme aims to raise nationally the awareness of the risks of widespread HIV/AIDS infection. Hence, a strategic plan that will take into account existing initiatives will be formulated to educate the community, with a focus on vulnerable groups, including youth. The plan, which will contain a strong communication component and an effective monitoring and reporting mechanism, will enlist the collaboration of a wide range of partners, including government departments, NGOs, the team of the Joint United Nations Programme on HIV/AIDS, the Philippine National AIDS Council, religious communities and the media. Children in school and out-of-school youth will be mobilized around youth health development issues, including HIV/AIDS awareness and prevention education. Life skills education (including skills on avoiding HIV infection), which has already been integrated into the elementary and high school curricula, will also be imparted to street children, working children and other vulnerable children. UNICEF will support the Department of Health and relevant partners to develop guidelines to address HIV-infected mother-to-child transmission and infant feeding, and caring for children orphaned by AIDS.

29. **Monitoring and evaluation**. Monitoring and evaluation will be carried out at three different levels: (a) programme monitoring and evaluation; (b) goals monitoring; and (c) child rights monitoring in the context of the "child-friendly movement". Programme monitoring will assess programme and project management and implementation through quarterly and annual exercises, analysis of processes and outcomes, and financial monitoring. This will all be implemented through the fifth Country Programme for Children Steering Committee chaired by the National Economic and Development Authority. The monitoring of goals to assess

achievements (IMR, MMR, etc.) is integrated into the national and local monitoring systems established under the fifth Country Programme for Children. UNICEF will support surveys and other appropriate means to collect and analyse data. Monitoring of the implementation of the development plans for children and the "child-friendly movement" will be coordinated by the Council for the Welfare of Children at national and regional levels and by governors and mayors at local government levels. The tools to assess the "friendliness" of a *barangay*, municipality and province developed during the fifth Country Programme for Children will continue to be used, and chief executives will be expected to produce an annual report on children. UNICEF will continue to support the award system for certifying "child-friendly" communities, municipalities and provinces.

30. **Cross-sectoral costs**. These costs include the salaries of staff in the areas of supply and budget management, as well as their field travel, particularly to monitor the effective dispatch of supplies, and to undertake field audits on cash assistance to Government and other partners. In addition to expenses covered by the support budget, the costs include limited office supplies and furniture, staff security awareness training, and essential communication equipment aimed at enhancing office security and the office's capability to work in conflict-affected and disaster areas.

Major partnerships

31. UNICEF will work closely with other United Nations agencies through the new UNDAF, scheduled for completion by late 2003. For the immunization programme, collaboration will be maintained with WHO on policies and standards, and with the Rotarians on social mobilization activities. Regular interaction with the Asian Development Bank and the World Bank will continue on the implementation of the ECCD Act and education programmes to ensure harmonization of inputs, and with the ILO-International Programme on the Elimination of Child Labour for the prevention and elimination of the worst forms of child labour. Increasing partnerships with religious bodies are anticipated to promote child rights and child protection. The mobilization of resources from the private sector, enlisting public and national corporations for funding various programmes, will continue. Partnerships with major international donors such as the Australian Agency for International Development, which was the single largest donor to the fifth Country Programme for Children, will be maintained.

Monitoring, evaluation and programme management

32. The key indicators, particularly immunization coverage, elementary school cohort survival rate and underweight of children, will be closely monitored both nationally and locally. Self-assessment tools to monitor "child friendliness" of a *barangay*, municipality, province and city, based on key child indicators, will be promoted widely. The database established at the knowledge centres will be updated regularly and used to prepare annual provincial/city reports on the situation of children and women. The Food and Nutrition Research Institute, with UNICEF support, will complete in 2004 a comprehensive national nutrition survey (started in 2003) to determine, among other things, malnutrition rates and vitamin A coverage to monitor change since the last survey in 1998.

33. The "child-friendly movement", with the extensive participation of more than 10 government departments, religious and media organizations, scores of NGOs and people's organizations, and the private sector, will be coordinated nationally by the Council for the Welfare of Children. The local development councils will be the coordination mechanism at regional, provincial and municipal levels. The National Economic and Development Authority, which coordinates all external assistance, will coordinate the country programme through a National Steering Committee, with the support of an Executive Committee consisting of the Authority, the Council and UNICEF. The Local Planning and Development Unit will coordinate the development and implementation of LGU plans. In UNICEF, management of the programme will rest with the Country Management Team, with technical support provided by the sector staff, and the three "island teams". The Philippines is composed of three large island clusters. Each programme officer is assigned the responsibility of managing the overall programme in one or two project areas. Each island team is composed of staff from the different sectors to provide mutual technical support to each member.